



UNIVERSITY OF COLORADO HOSPITAL

Memorandum

Date: December 31, 2008

To: University of Colorado Hospital Physicians, Housestaff, Faculty, and Nursing Units

From: Ronald B. Lepoff, M.D.
Medical Director, Clinical Laboratory

Joan Coleman, M.B.A., MT (ASCP)
Administrative Director, Clinical Laboratory

Re: ANNUAL NOTICE OF CPT CODING CHANGES & MEDICAL NECESSITY

The AMA's CPT Editorial Panel has made some changes and additions to CPT codes for 2009. These changes will directly affect the way our laboratory bills Medicare and other federal and state health care programs for these tests and may affect the amount of Medicare reimbursement we receive for each test.

Below is a discussion of specific changes affecting clinical laboratory tests. Please refer to the 2009 CPT Code Book for a complete listing of new, deleted and revised codes.

The 2009 Clinical Laboratory Fee Schedule can be accessed via the internet at http://www.cms.hhs.gov/ClinicalLabFeeSched/02_clinlab.asp#TopOfPage. The Medicaid reimbursement amount will be equal to or less than the Medicare reimbursement amount.

NEW CODES:

CPT/HCPCS Code	Descriptor	National Fee Cap
83951	Oncoprotein; des-gamma-carboxy-prothrombin (DCP)	\$94.04
83876	Myeloperoxidase (MPO)	\$18.91
85397	Coagulation and fibrinolysis, functional activity, not otherwise specified (eg, ADAMTS-13), each analyte	\$33.51
87905	Infectious agent enzymatic activity other than virus (eg, sialidase activity in vaginal fluid)	\$17.84

DELETED CODES:

CPT/HCPCS Code	Descriptor
88400	Bilirubin, total, transcutaneous

REVISED CODES:

CPT/HCPCS Code	Descriptor (<i>changes indicated by underscore and strikethrough</i>)	National Fee Cap
82040	Albumin; serum, <u>plasma, or whole blood</u>	\$7.23
83890	Molecular diagnostics; molecular isolation or extraction, <u>each nucleic acid type (ie, DNA or RNA)</u>	\$5.85
83891	Molecular diagnostics; isolation or extraction of highly purified nucleic acid, <u>each nucleic acid type (ie, DNA or RNA)</u>	\$5.85
83892	Molecular diagnostics; enzymatic digestion, <u>each enzyme treatment</u>	\$5.85
83893	Molecular diagnostics; dot/slot blot production, <u>each nucleic acid preparation</u>	\$5.85
83894	Molecular diagnostics; separation by gel electrophoresis (eg, agarose, polyacrylamide), <u>each nucleic acid preparation</u>	\$5.85
83897	Molecular diagnostics; nucleic acid transfer (eg, Southern, Northern), <u>each nucleic acid preparation</u>	\$5.85
83907	Molecular diagnostics; lysis of cells prior to nucleic acid extraction (eg, stool specimens, paraffin embedded tissue), <u>each specimen</u>	\$19.50
83909	Molecular diagnostics; separation and identification by high resolution technique (eg, capillary electrophoresis), <u>each nucleic acid preparation</u>	\$24.47
83925	Opiate(s), (eg, morphine, meperidine) <u>drug and metabolites, each procedure</u>	\$28.41
84132	Potassium; serum, <u>plasma or whole blood</u>	\$6.70
84155	Protein, total, except by refractometry; serum, <u>plasma or whole blood</u>	\$5.35
84295	Sodium; serum, <u>plasma or whole blood</u>	\$7.02

MEDICAL NECESSITY REQUIREMENT

Medicare will only pay for tests that meet the Medicare coverage criteria and are reasonable and necessary for treatment and diagnosis. **Medicare generally does not cover routine screening tests.**

Local Coverage Determinations (LCD) and National Coverage Determinations (NCD) specify tests that have limited coverage under Medicare, list covered diagnosis codes for these tests, and may be viewed at <http://www.trailblazerhealth.com/coverage/index.asp>.

Physicians must provide ICD-9 codes or diagnoses with all outpatient laboratory requests to support medical necessity. Please note that the Clinical Laboratory requisitions are designed with this purpose in mind.

Note: Medicare will not cover services when a “rule-out” diagnosis is provided. Code the condition(s) to the highest degree of certainty for that encounter/visit, such as signs, symptoms, abnormal test results, exposure to communicable disease or other reasons for the visit.

When you order individual tests or any organ and disease oriented panels, please remember that for laboratories to bill Medicare, **each and every test, including each component of a panel, must be medically necessary** for the treatment or diagnosis of the particular patient being tested.

Reminder: A signed Advanced Beneficiary Notice (ABN) should be obtained **before service is rendered** from any outpatient for whom there is reasonable doubt that Medicare will provide coverage for specific lab tests or other services.

QUESTIONS?

Please do not hesitate to contact Karin Ingle, Administrative Lab Coordinator, at (720) 848-7059 if you have any questions about the changes for 2009.

For questions regarding appropriateness of tests, please contact our Clinical Consultants:

Transfusion Medicine	Mary Berg, MD	720-848-4402
Chemistry	Lorne Holland, M.D.	720-848-7050
Coagulation	Stuart Lind, MD	303-724-1383
Microbiology	Nancy Madinger, M.D.	720-848-7047
Hematology	John Ryder, M.D.	720-848-7049
Virology/Molecular Diagnostics	Adriana Weinberg, M.D.	303-315-4624